Statistical Bulletin

METROPOLITAN LIFE INSURANCE COMPANY

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Trends in the Dependent Population

IT IS not generally realized that until very recently the burden of dependency on the productive population had been decreasing continuously for about a century. Stated in more specific terms, the population under age 18 and at 65 or over as a ratio to the population at ages 20-64 has decreased two fifths since 1850. The facts are illustrated in the chart on the next page. A century ago there were 113 children and elders to every 100 men and women at the main working ages of life. The ratio dropped steadily to a minimum of 63 around 1942, after which the trend was reversed; the ratio is now almost 68 per 100.

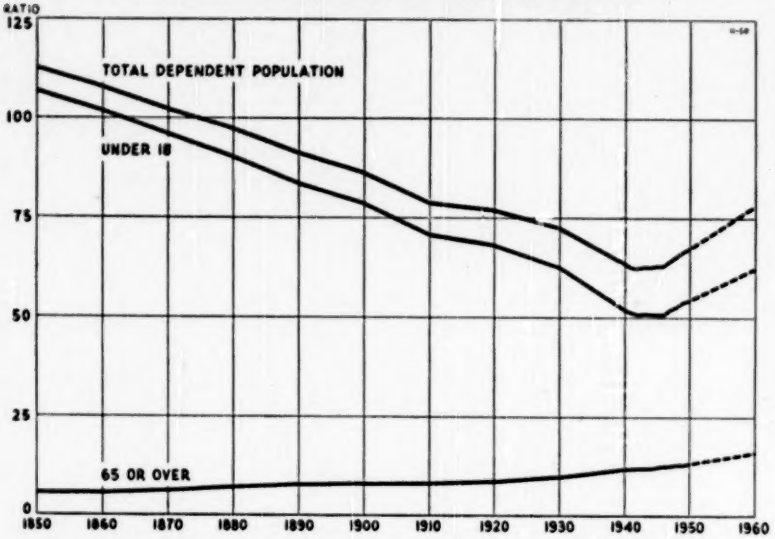
Although the relative importance of the dependent population as a whole has declined, the segment at ages 65 or over has been increasing. One hundred years ago there were only about 6 aged persons for each 100 population at 20-64. By 1900 the ratio had climbed to 8; since then it has risen ever more rapidly and is now 13. This sharp upswing reflects the fact that the number of persons at ages 65 or over has almost quadrupled in the past half century alone. The number of persons at the productive ages meanwhile has little more than doubled, as may be seen from the table at the bottom of the following page.

From these trends it is evident that the ratio of children to the population at the main working ages has dropped rapidly. This is not to say that the number of children in our country has declined; actually it has risen steadily, except for the period 1930-1940, but its rate of growth has been much smaller than that for adults. In consequence, the number of children under 18 per 100 persons at ages 20-64 has been cut in half, from 107 in 1850 to about 54 in 1950.

The composition of the population at the dependent ages is now significantly different from what it was a half century ago. In 1900, persons at ages 65 or over accounted for less than one tenth of the total dependent population, as here defined; in 1950, they constitute two tenths of that group. The productive population itself is also undergoing a gradual aging. A century ago only 22 percent of the people at ages 20-64 were 45 years of age or older. This proportion rose to 27 percent in 1900, and it is now 35 percent.

In the years immediately ahead, it is almost certain that the population

Ratio, Population at Ages Under 18 and 65 or Over (Ages of Dependency) per 100 Persons at Ages 20-64. United States, 1850-1960.



NOTE—Forecast for 1960 by the Statistical Bureau of the Metropolitan Life Insurance Company.

Source of basic data: various reports by the Bureau of the Census on population, including armed forces overseas.

POPULATION AT AGES OF DEPENDENCY AND AT PRODUCTIVE AGES
UNITED STATES, 1900 TO 1950

Year	NUMBER, IN THOUSANDS				RATIO, EACH YEAR TO 1900				Ratio, Ages 45-64 to Ages 20-64
	All Ages	Ages of Dependency		Productive Ages 20-64	All Ages	Ages of Dependency		Productive Ages 20-64	
		Under 18	65 or over			Under 18	65 or over		
1900	75,995	30,709	3,080	39,032	1.00	1.00	1.00	1.00	.266
1910	91,972	34,871	3,950	49,291	1.21	1.14	1.28	1.26	.272
1920	105,711	39,302	4,933	57,586	1.39	1.28	1.60	1.48	.296
1930	122,775	43,016	6,634	68,438	1.62	1.40	2.15	1.75	.313
1940	131,669	40,287	9,019	77,344	1.73	1.31	2.93	1.98	.337
1949	149,215	46,701	11,270	86,774	1.96	1.52	3.66	2.22	.353
1950*	151,773	47,575	11,514	87,450	2.00	1.55	3.74	2.24	.355

*Estimated by the Statistical Bureau of the Metropolitan Life Insurance Company.

Source of basic data: various reports by the Bureau of the Census on population, including armed forces overseas.

at the dependent ages will increase in relation to the productive population. This trend, as noted before, has already been in evidence for several years. Owing to the war and postwar spurt in the birth rate, the child population has increased at a more rapid rate than people at ages 20-64. The trend, moreover, will continue for at least a decade, even if allowance is made for a steady decline in the birth rate from its present level. At the same time the population at the older ages will continue its long-term upward trend. As a result, by 1960 the ratio of the dependent to the productive population will reach the highest point since 1910. Thus, we are now entering a period when the country will have to provide for the expanding social and economic needs of both its child and aged populations, each growing at a faster rate than the population at the main working ages. Fortunately, we have the productivity to meet these needs.

Chances of Death in the Family

CURRENTLY about three quarters of the population of the United States live in families consisting of a husband and wife, with or without children. It is, therefore, of great social interest to know what the chances are that a family group will be bereft of one of its members within a specified time. The chances vary, of course, according to the number of children in the family and the age of the various members. The measure of this contingency for five typical families of varying composition is given in the table on page 4.

As one would expect, the probability is small that a newly-formed family will soon be affected by death. Thus, where the husband is 25 years of age, the wife 24, and the child is an infant, the chances are only 5 per 1,000 that one or more members will die within a year. However, within a 10-year period the chances of death in such a family are not negligible—namely, 41 per 1,000.

In well-established families—where the husband is 35, the wife 32, and the children 6 and 9 years of age—the probability is still small that death will strike within a short time. In fact, the chances of death within a year are only 5 per 1,000—the same as in families considered above, where the husband was 10 years younger and there was only one child. The explanation is that the chances of survival for the children improve sufficiently after infancy to offset the small rise in the chances of death for their parents. The probability that such a family of four will suffer a loss within 10 years is appreciable, however—namely, 74 per 1,000.

The number of family heads who die in the early period of married life is considerable. In 1948 there were about 21,000 husbands in our country who died before they reached age 35. In such unfortunate families, acute financial stress is not uncommon. The mother is often left with children of tender age and is faced with the

problem of their care, as well as with the necessity of seeking employment. In homes bereft of the mother the problems, although different, are nonetheless difficult. Men who become widowed are seriously handicapped by the loss of their homemakers, particularly if there are young children.

The chances of death rise as the age of the parents increases and as children continue to be added to the family. Thus, when the father reaches his 40th birthday, there are about 115 chances per 1,000 of losing at least one member through death within a decade. The chances are even greater in the typical family headed by a husband aged 45. About one in every six such families can expect at least one death in a 10-year period. More often than not, where the husband is from 40 to 50 years of age, the death involves the head of the family himself.

The facts here presented clearly have important social and economic implications. It is, of course, obvious that raising a family while the parents are still young minimizes the chance of early family disruption by death. Also significant is the fact that the first death in the family is likely to be that of the husband. In both respects, American families are fortunately situated as compared with most other nations. Our people marry early, and our level of mortality is low. For family protection against the untimely death of the breadwinner or the expenses incidental to the death of other members of the family, we have various facilities, among them our well-developed system of Life insurance. Over $214,000,000,000 of private Life insurance is now owned by about 80,000,000 people in our country.

Four fifths of all American families are insured, with an average of $6,000 per family. Not only is this average increasing rapidly, but the proportion of families protected by Life insurance is also rising.

CHANCES THAT AT LEAST ONE DEATH WILL OCCUR IN A FAMILY WITHIN ONE YEAR, FIVE YEARS, AND TEN YEARS
WHITE POPULATION, UNITED STATES, 1948

AGE OF MEMBERS IN FAMILY					CHANCES PER 1,000		
HUSBAND	WIFE	CHILDREN			WITHIN 1 YEAR	WITHIN 5 YEARS	WITHIN 10 YEARS
		FIRST	SECOND	THIRD			
25	24	1	—	—	5	21	41
30	28	5	2	—	5	25	56
35	32	9	6	—	5	30	74
40	37	13	10	3	9	49	115
45	41	18	14	8	12	68	164

Health Progress in the South

THE Southern States have made great progress in intensifying and broadening their health program in recent years. They have expanded their public health services, increased their hospital and medical facilities, improved environmental sanitation, and extended health education widely. These measures, coupled with a marked rise in the standard of living, have been eminently successful in reducing the toll of preventable disease and premature death in the South.

Within the last decade, the death rate in the Southern States as a group has been reduced by one eighth, from 10.4 per 1,000 in 1938 to 9.1 in 1948. In particular, the diseases which are sensitive indices of general health conditions have shown very considerable decreases. Thus, within this decade, the death rate from tuberculosis dropped more than 40 per-

INFANT AND MATERNAL DEATHS PER 1,000 LIVE BIRTHS, BY COLOR
SOUTHERN STATES, 1947 AND 1937

AREA	INFANT MORTALITY						MATERNAL MORTALITY					
	WHITE			COLORED			WHITE			COLORED		
	1947	1937	% Decline	1947	1937	% Decline	1947	1937	% Decline	1947	1937	% Decline
UNITED STATES	30.1	50.3	40	48.5	83.2	42	1.1	4.4	75	3.3	8.6	62
Southern States	33.1	57.5	42	47.7	82.6	42	1.3	5.0	74	3.6	8.8	59
South Atlantic	31.5	55.4	43	47.2	86.8	46	1.2	4.7	74	3.7	8.9	58
Delaware	28.8	56.1	49	44.0	104.6	58	.8	2.7	70	.9	10.0	91
Maryland	27.8	50.3	45	48.5	102.2	53	.7	3.7	81	2.6	6.2	58
Dist. of Columbia	26.9	41.1	35	40.9	101.0	60	.9	3.9	77	1.3	9.6	86
Virginia	32.0	59.2	46	51.8	95.2	46	1.0	3.8	74	3.8	9.4	60
West Virginia	37.3	60.0	38	51.6	93.2	45	1.5	4.9	69	3.4	7.4	54
North Carolina	30.9	56.5	45	44.5	84.6	47	1.1	4.2	74	3.1	7.9	61
South Carolina	32.6	62.7	48	48.8	87.9	44	1.5	5.6	73	4.1	9.7	58
Georgia	28.3	52.3	46	45.9	75.5	39	1.7	6.4	73	4.2	8.9	53
Florida	34.4	47.0	27	49.1	89.3	45	1.3	5.3	75	5.0	10.3	51
East South Central	33.7	54.3	38	46.5	75.6	38	1.6	5.3	70	3.9	7.9	51
Kentucky	36.4	56.6	36	51.5	102.5	50	1.6	4.7	66	4.2	4.8	13
Tennessee	33.9	56.7	40	49.2	84.9	42	1.5	5.3	72	3.2	10.5	70
Alabama	31.0	51.2	39	49.8	80.6	38	1.7	5.5	69	4.4	7.6	42
Mississippi	31.6	50.0	37	41.9	66.0	37	1.5	6.2	76	3.7	7.7	52
West South Central	34.8	62.7	44	50.1	82.2	39	1.3	5.2	75	3.3	9.8	66
Arkansas	28.3	52.0	46	33.9	61.9	45	1.2	5.8	79	4.1	10.0	59
Louisiana	29.4	53.7	45	50.5	81.9	38	1.3	5.9	78	2.8	8.9	69
Oklahoma	29.8	52.7	43	53.7	94.0	43	1.4	4.7	70	4.1	9.9	59
Texas	39.0	71.4	45	56.4	91.9	39	1.3	5.0	74	3.4	10.9	69

Source of basic data: various reports by the National Office of Vital Statistics.

Cases of Malaria Reported in the Southern States, 1935-1949

Source of basic data: various reports of the U. S. Public Health Service.

cent, from pneumonia and influenza about 55 percent, and from the principal communicable diseases of childhood, 80 percent.

Recent progress in reducing infant and maternal mortality in each of the Southern States is shown in the table on page 5. Infant mortality rates dropped 42 percent from 1937 to 1947 (the latest year available) for both the white and colored populations; this is somewhat more rapid than for the country as a whole. Even larger was the relative reduction in the mortality incidental to childbearing. Among white women the maternal mortality dropped 74 percent during the decade and among the colored, 59 percent. The national average for each of these figures was only slightly greater.

Closely related to the fall in infant and maternal mortality has been the increase in the hospitalization of births, which itself is an index of public health progress. In almost all the Southern States the proportion of hospitalized births at least doubled from 1938 to 1948. In West Virginia, Kentucky, and Mississippi the proportion was tripled and in Arkansas it was more than quadrupled. To view the facts in another light, in 1938 only two States—Delaware and Maryland—and the District of Columbia had more than 40 percent of their births hospitalized, whereas in 1948 there was not a single Southern State with so low a proportion.

Another measure of the recent improvement in public health in the South is the marked decline in the

incidence of the diseases which have long been endemic in that area. Malaria is an outstanding example. In 1949 there were little more than 4,000 cases of the disease reported in the Southern States, only three percent of the number in 1935, namely 135,000. (See chart on page 6.) The conquest of malaria has contributed greatly to the economic and social welfare of the South. Another important factor in its advance is the reduced incidence of pellagra. In the past 15 years the number of pellagra cases reported annually has decreased from many thousands to only a few hundred.

Although the South has made definite progress, it still lags somewhat behind most other States in providing health services. With the increasing attention being focused on medical and public health problems, however, the Southern States will undoubtedly continue to make further rapid advances toward their solution. Federal assistance and more local public health centers and hospital facilities will help to raise to still higher levels the whole health program in the South. The trend toward industrialization and urbanization will bring a continued rise in the general standard of living, with its beneficial impact on personal and community health. Altogether, there is good reason for optimism on the future of health in the South.

Change in Rank of Leading Causes of Death

ADVANCES in medical science and public health administration have radically changed the relative importance of the various causes of death. In general, the diseases of environmental origin are playing a diminishing role, having given way to the degenerative conditions. Thus, pneumonia and influenza, tuberculosis, and diarrhea and enteritis, which were among the first five causes of death 40 years ago, have all dropped below that rank. At the same time, the diseases of the heart, the arteries, and of the kidneys have been accounting for an increasing proportion of the total mortality. The diseases of the heart alone are now responsible for one third of all the deaths in our country, three times the proportion in 1910.

The shift in the rank of the leading causes of death is particularly striking at certain age periods of life, as is evident from the table on page 8. Among infants, one of the highlights in the changing mortality picture has been the precipitous decline in the toll exacted by diarrhea and enteritis. In 1910, these conditions were by far the leading cause of death in the first year of life, accounting for nearly one out of every three deaths. At present, diarrhea and enteritis account only for about one death in every 20 at this age, and no longer rank among the five leading causes.

Pneumonia and influenza have likewise dropped in rank, not only in infancy but also at every other age period. Four decades ago, these diseases were first among the causes of

RANK OF FIVE LEADING CAUSES OF DEATH IN SPECIFIED AGE GROUPS, WHITE PERSONS, BY SEX. UNITED STATES, 1947 AND 1910*

MALES				FEMALES			
1947		1910		1947		1910	
CAUSE OF DEATH	% OF ALL CAUSES	CAUSE OF DEATH	% OF ALL CAUSES	CAUSE OF DEATH	% OF ALL CAUSES	CAUSE OF DEATH	% OF ALL CAUSES
ALL AGES							
Diseases of heart	35	Tuberculosis	11	Diseases of heart	31	Diseases of heart	11
Malignant neoplasms	13	Pneumonia and influenza	11	Malignant neoplasms	17	Pneumonia and influenza	11
Accidents	8	Diseases of heart	10	Cerebral hemorrhage	9	Tuberculosis	10
Cerebral hemorrhage	7	Accidents	8	Nephritis	6	Diarrhea and enteritis	8
Nephritis	5	Diarrhea and enteritis	8	Accidents	5	Malignant neoplasms	7
UNDER 1 YEAR							
Premature birth	35	Diarrhea and enteritis	29	Premature birth	35	Diarrhea and enteritis	29
Congenital malformations	15	Premature birth	13	Congenital malformations	17	Premature birth	13
Injury at birth	12	Pneumonia and influenza	13	Injury at birth	11	Pneumonia and influenza	13
Pneumonia and influenza	10	Congenital debility	8	Pneumonia and influenza	10	Congenital debility	8
Other dis. of 1st year of life	9	Congenital malformations	5	Other dis. of 1st year of life	8	Congenital malformations	5
1—14 YEARS							
Accidents	38	Pneumonia and influenza	17	Accidents	26	Pneumonia and influenza	17
Pneumonia and influenza	9	Diarrhea and enteritis	14	Pneumonia and influenza	12	Diarrhea and enteritis	14
Malignant neoplasms	8	Diphtheria	11	Malignant neoplasms	9	Diphtheria	11
Congenital malformations	6	Accidents	10	Congenital malformations	7	Tuberculosis	8
Diseases of heart	3	Tuberculosis	7	Diseases of heart	4	Scarlet fever	6
15—24 YEARS							
Accidents	57	Tuberculosis	29	Accidents	22	Tuberculosis	39
Tuberculosis	6	Accidents	22	Tuberculosis	16	Puerperal state—total	10
Malignant neoplasms	6	Typhoid fever	8	Puerperal state—total	11	Diseases of heart	6
Diseases of heart	5	Pneumonia and influenza	8	Diseases of heart	8	Typhoid fever	6
Suicide	4	Diseases of heart	5	Malignant neoplasms	7	Pneumonia and influenza	6
25—44 YEARS							
Accidents	25	Tuberculosis	28	Malignant neoplasms	23	Tuberculosis	28
Diseases of heart	20	Accidents	17	Diseases of heart	14	Puerperal state—total	10
Tuberculosis	10	Pneumonia and influenza	9	Tuberculosis	11	Diseases of heart	9
Malignant neoplasms	10	Diseases of heart	7	Accidents	7	Nephritis	7
Suicide	6	Nephritis	6	Puerperal state—total	6	Malignant neoplasms	7
45—64 YEARS							
Diseases of heart	41	Diseases of heart	15	Malignant neoplasms	29	Malignant neoplasms	17
Malignant neoplasms	16	Tuberculosis	12	Diseases of heart	28	Diseases of heart	17
Accidents	7	Nephritis	12	Cerebral hemorrhage	9	Nephritis	11
Cerebral hemorrhage	6	Pneumonia and influenza	10	Diabetes mellitus	6	Cerebral hemorrhage	10
Tuberculosis	5	Cerebral hemorrhage	8	Nephritis	5	Pneumonia and influenza	9
65 AND OVER							
Diseases of heart	42	Diseases of heart	21	Diseases of heart	40	Diseases of heart	19
Malignant neoplasms	14	Cerebral hemorrhage	15	Malignant neoplasms	14	Cerebral hemorrhage	14
Cerebral hemorrhage	10	Nephritis	12	Cerebral hemorrhage	12	Pneumonia and influenza	12
Nephritis	7	Pneumonia and influenza	9	Nephritis	7	Nephritis	9
Accidents	4	Malignant neoplasms	7	Accidents	5	Malignant neoplasms	8

*Death Registration Area, which included a small proportion of colored in 1910.

death at ages 1-14 years and ranked among the five leading causes at the higher ages. Currently, pneumonia and influenza rank far below accidents at 1-14 years, and have dropped below fifth place at all subsequent age periods.

The change in rank of the causes of death among children reflects also the great measure of control gained over the principal communicable diseases of childhood. In 1910, diphtheria was in third place among the causes of death at ages 1-14. Measles, scarlet fever, and whooping cough, while not among the first five, were also common causes of death. These four diseases were then responsible for one out of every four deaths among children. Now, not only diphtheria but all four diseases together are of relatively minor importance, accounting for about one death in every 25 at ages 1-14.

The control of tuberculosis is likewise an outstanding achievement in life conservation. In 1910, this disease was the Captain of Death in the age periods from 15-44 years, accounting for nearly 30 percent of all deaths in this broad age range among males and for an even larger proportion among females. The proportion of deaths from tuberculosis has dropped sharply at each age, accounting for only 6 percent of the deaths among males at 15-24 years in 1947. In contrast, accidents were responsible for 57 percent of the deaths among these young men in the latter year, as compared with 22 percent in 1910.

At the same time, the malignant neoplasms have increased in relative importance at almost every period of life. Four decades ago, these conditions were among the first five causes of death for females at ages 25 and over, but for males they had that high mark only at ages 65 and over. By 1947, however, the malignant neoplasms ranked among the leading causes of death among both males and females in each age group beyond infancy. They are in first place among females 25-64 years and second only to the diseases of the heart at ages 65 and over. In the total mortality picture, the malignant neoplasms nearly tripled in their relative proportions in the last four decades.

Toward Greater Industrial Safety

WHEN the organized safety movement was launched on a national scale about four decades ago, industrial accidents were the first to be attacked because of the appalling toll of life and limb they exacted. Since that time, marked reductions have been effected in the frequency of occupational accidents, and in some industries the improvement has been little short of phenomenal. Yet, the toll is still too high. Estimates of the number killed and disabled in 1949, made by the Bureau of Labor Statistics and the National Safety Council, are shown in the table on the next page.

To give added impetus to the in-

dustrial safety movement, President Truman called a Conference on Industrial Safety last year and a second one in June of this year. The stated purpose of these Conferences was to lay the foundation for a one-half reduction by 1952 in the toll of industrial accidents suffered in 1948. If fully realized, the savings in life and limb obviously would be very large. The President solemnly warned. "In these times we cannot afford to be wasteful of our national strength. The United States and other free nations throughout the world are challenged by the threat of totalitarianism. To meet that threat successfully requires the good health and the vigorous effort of our citizens. Our task is neither an easy nor a short one."

Industrial accidents are preventable. The serious repercussions that they exert on family life and the huge productive loss which they impose on our economy can be substantially reduced. With all this at stake, everyone concerned should give full cooperation to the industrial safety movement sparked by the President's Conference; this includes labor, management, public officials, safety leaders, engineers, statisticians, and educators. The individual worker, in particular, can make a material contribution by being careful of his personal safety while on the job and having concern for the safety of his fellows. It is encouraging that in 1949 the number of disabling work injuries was reduced about 7 percent from the year before.

ESTIMATED NUMBER OF WORKERS KILLED OR DISABLED IN OCCUPATIONAL ACCIDENTS*
UNITED STATES, 1949

SEVERITY	NUMBER
Killed on the job	15,000
Disabled—permanently, totally	1,500
—permanently, partially	80,000
—temporarily (at least 1 day)	1,775,000

*Estimated by the Bureau of Labor Statistics and the National Safety Council. The figures include all gainful employment, except domestic service.

DEATH RATES* PER 100,000 POLICYHOLDERS FROM SELECTED CAUSES ACCORDING TO THE SIXTH AND THE FIFTH REVISIONS OF THE INTERNATIONAL LIST

INDUSTRIAL PREMIUM-PAYING BUSINESS—*Weekly and Monthly Combined*

METROPOLITAN LIFE INSURANCE COMPANY

May 1950

INTERNATIONAL LIST NUMBER (6TH REVISION)	CAUSE OF DEATH	ANNUAL RATE* PER 100,000 POLICYHOLDERS					
		6th Revision		5th Revision			
		May	Jan.-May	May		Jan.-May	
		1950	1950	1950	1949	1950	1949
	ALL CAUSES—TOTAL	654.7	674.7	654.7	675.0	674.7	681.1
1-19	Tuberculosis (all forms)	21.9	22.1	22.9	27.5	23.0	26.0
1- 8	Tuberculosis of respiratory system	20.0	20.2	20.9	25.4	21.0	23.9
20-29	Syphilis	4.1	4.2	4.7	5.6	5.3	5.9
50,55-56,85	Communicable diseases of childhood	.9	.8	.8	1.2	.8	1.3
80	Acute poliomyelitis	.3	.3	.3	.1	.3	.2
140-205	Malignant neoplasms	117.3	118.3	120.2	123.8	122.1	121.5
260	Diabetes mellitus	14.0	15.1	27.2	27.0	27.8	26.1
[330-334,410-450,590-594]	Diseases of the cardiovascular-renal system	335.7	352.2	322.3	331.0	338.2	339.9
330-334	Vascular lesions, central nervous system	67.3	69.1	60.8	59.0	60.9	61.1
410-443	Diseases of heart	241.3	254.7	222.0	231.3	235.0	235.8
410-416	Chronic rheumatic heart disease	13.8	14.4	13.8	15.3	15.6	15.5
420-422	Arteriosclerotic and degenerative heart disease	174.0	181.9	†	†	†	†
440-443	Hypertension with heart disease	42.2	48.7	†	†	†	†
430-434	Other diseases of heart	11.3	9.7	†	†	†	†
444-447	Hypertension without mention of heart	6.5	7.4	1.1	1.7	1.2	1.4
450	General arteriosclerosis	6.6	7.7	6.1	5.1	6.3	6.1
590-594	Nephritis and nephrosis	14.0	13.3	32.3	33.9	34.8	35.5
490-493	Pneumonia	18.8	19.8	18.2	21.1	20.8	23.8
480-483	Influenza	3.0	3.2	2.4	2.0	2.6	2.2
540-542	Ulcers of stomach and duodenum	4.2	4.5	4.7	4.3	5.1	4.7
550-553	Appendicitis	2.0	1.6	2.3	2.5	1.8	2.1
560-561,570	Hernia and intestinal obstruction	3.6	4.3	3.8	4.9	4.3	5.0
543,571-572	Gastritis, duodenitis, enteritis, etc	3.0	3.1	2.6	2.8	2.5	2.7
581	Cirrhosis of liver	8.2	9.5	9.4	12.0	10.8	11.3
640-689	Complications of pregnancy, childbirth	1.8	1.9	2.0	2.5	2.1	2.2
E963,E970-E979	Suicide	7.6	6.7	7.6	7.6	6.7	7.1
E964,E980-E984	Homicide	2.3	2.7	2.3	3.2	2.7	3.0
[E800-E802,E810-E835,E840-E962]	Accidents—total	33.2	33.6	34.4	36.0	35.3	36.1
E810-E835	Motor vehicle	12.0	13.7	12.1	12.3	13.8	12.3
	Home	7.5	7.9	8.8	8.6	9.3	10.2
	Occupational	3.0	3.1	3.0	3.1	3.2	3.3
	All other causes	72.9	71.0	66.4	59.8	62.7	60.2

*The rates for 1950 are provisional.
†Not available separately.

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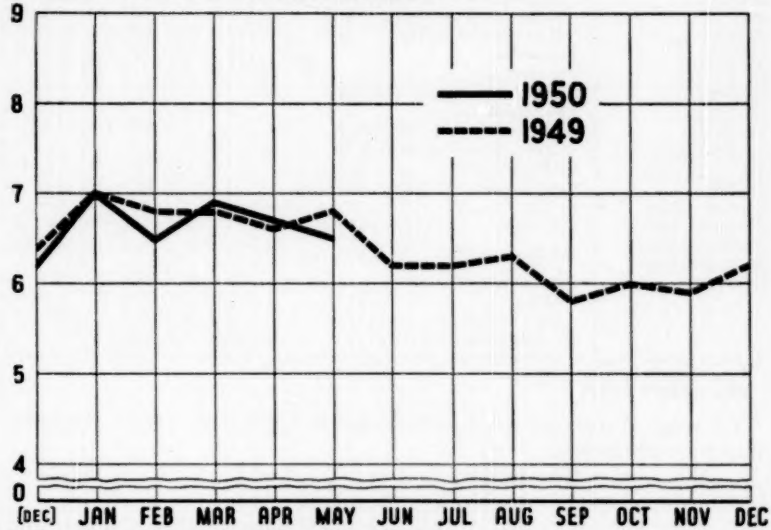
S22

MORTALITY FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE COMPANY · INDUSTRIAL PREMIUM-PAYING BUSINESS
WEEKLY AND MONTHLY COMBINED

DEATH RATES PER 1000 POLICYHOLDERS · ANNUAL BASIS



(DEC)	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1949	7.0	6.8	6.8	6.6	6.8	6.2	6.2	6.3	5.8	6.0	5.9	6.2
1950	7.0	6.5	6.9	6.7	6.5							

1950 Figures are provisional

P.F.M.—PRINTED IN U.S.A.—39784—(6-50)